

Status: Finalized

## I. Center Identification

Organization Name: SYCAMORE SPRINGS SURGERY CENTER, LLC

Street Address: 4715 Statesmen Dr., Ste A

City: Indianapolis

County: Indiana

Administrator Name: Caryn Fink

Administrator Email: cafink@tds.net

ASC Web Address: 4715 Statesmen Dr., Ste A

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	1	

## III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	2202	5249		
B. Ten Most Frequent Surgical Procedures Perfo	ormed			
CPT Code		Total Procedures		
63650		322		
64493		312		
64494		277		
64483		221		
76942		196		
64636		178		
64484		156		

64635	135
64495	125
64445	124

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	